



CITY OF GOODYEAR
PUBLIC WORKS DEPARTMENT
PRETREATMENT PROGRAM
623-932-3010

Name of Business: _____

Street Address: _____

Waste Stream:	Waste Pretreatment System:	Minimum Maintenance Frequency:
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FOG / PRETREATMENT MAINTENANCE LOG

Instructions: Maintain complete records of waste treatment system maintenance using this form or equivalent. Use separate form for each treatment system if systems are on different maintenance schedule. Briefly describe type of activity completed (e.g. removed floating matter, removed sludge, pumped tank, rotated cartridges, tested pH, etc.). Keep this completed form and all supporting documentation (e.g. service receipts, waste manifests) on site and available for inspection at all times.

Date	Maintenance Activity Description	Initials

I certify that the information recorded above is, to best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature of Supervising Official

Title